

ILLINOIS CERTIFICATION OF COMPLIANCE FORM

I, _____ (Name of officer), a duly authorized officer of _____ (Name of Insurer/Advisory Organization), do hereby certify that I am authorized to certify on behalf of the Company or Advisory Organization making this filing, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy form(s) that is (are) the subject of this filing, and that, to the best of my knowledge and belief, this filing is complete, and said policy form(s), as presented, is (are) in compliance with applicable filing standards, Illinois laws, regulations, and bulletins, and applicable checklists on the Illinois Department of Insurance website dated ____ (date) ____.

I understand that the Illinois Department of Insurance will rely on this certification to expedite review of this filing, and should it be determined that the policy form(s) does (do) not comply with the applicable laws, regulations, bulletins, or checklists, or that this certification is materially false, misleading, or incorrect, appropriate corrective and disciplinary action, as authorized by law, will be taken by the Department against the insurer or advisory organization and the officer completing this certification.

Signature of Authorized Officer

Date

Name of Authorized Officer (print)_____

Title of Officer_____

Insurer or Advisory Organization Name_____

FEIN_____

Address of Insurer or Advisory Organization_____

City_____

State_____

Zip_____

Direct Telephone Number_____

Fax Number_____

Email Address_____

Filing Number that Applies to this Filing_____